

HIGHLAND YOUTH SOCCER CLUB

PLAYER TRYOUT INFO SHEET

Liability Release: I, the parent or guardian of the below-named youth soccer player, give my consent for emergency medical care should the need arise. Recognizing the possibility of physical injury associated with soccer, I hereby release, discharge and/or otherwise indemnify Highland Youth Soccer Club, including their coaches, trainers and managers, against any claim by or on behalf of the player as a result of the player's participation at these tryouts.

(Please Print clearly)

PLAYER'S NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____

MOTHER'S NAME _____ **CELL PHONE:** _____

FATHER'S NAME _____ **CELL PHONE:** _____

PARENTS EMAIL: _____

IMPORTANT E-MAIL IS CLEARLY WRITTEN – MAIN MEANS OF CONTACTING YOU

D.O.B: ___ / ___ / ___ **M/F:** ___ **POSITION:** _____

CURRENT/PREVIOUS CLUB(S): _____

PARENT/GUARDIAN'S NAME : _____

Signature : _____